



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and Q.

Page number _____ of _____

QUARTER
ENDED

ZIU/ /2012/4/01784
/005/03/LZIU

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

YR QTR
L 10 4

EMPLOYER ACCOUNT NO.

L 436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

Mo. Day Yr.

Mo. Day Yr.

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

022 54 7336

E. EMPLOYEE NAME (FIRST NAME)

ALMAYVONNE

(M.I.) (LAST NAME)

DIXON

F. TOTAL SUBJECT WAGES

5 394 38

G. PIT WAGES

5 394 38

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

284 84 1402

E. EMPLOYEE NAME (FIRST NAME)

HOLLIE

(M.I.) (LAST NAME)

A PALMER

F. TOTAL SUBJECT WAGES

10 985 61

G. PIT WAGES

10 985 61

H. PIT WITHHELD

429 08

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 174 20

G. PIT WAGES

7 174 20

H. PIT WITHHELD

39 90

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

805 32

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 249 98

G. PIT WAGES

16 249 98

H. PIT WITHHELD

933 54

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

25 350 60

G. PIT WAGES

23 571 43

H. PIT WITHHELD

2 099 27

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 964 98

G. PIT WAGES

18 964 98

H. PIT WITHHELD

1 245 66

I. TOTAL SUBJECT WAGES THIS PAGE

107 369 75

J. TOTAL PIT WAGES THIS PAGE

103 730 58

K. TOTAL PIT WITHHELD THIS PAGE

5 552 77

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and D.

Page number _____ of _____

12 31 10

01 02 11

DELINQUENT IF 01 31 11
NOT POSTMARKED
OR RECEIVED BY

YR QTR
LC 4

QUARTER ENDED
ZIU/ /2012/4/01784
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

378 72

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

20 875 02

G. PIT WAGES

20 875 02

H. PIT WITHHELD

1 204 14

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

35 809 80

G. PIT WAGES

33 658 62

H. PIT WITHHELD

2 681 64

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

17 080 32

G. PIT WAGES

17 080 32

H. PIT WITHHELD

1 047 71

D. SOCIAL SECURITY NUMBER

613 90 7349

E. EMPLOYEE NAME (FIRST NAME)

JIN

(M.I.) (LAST NAME)

Y CUI

F. TOTAL SUBJECT WAGES

6 060 50

G. PIT WAGES

6 060 50

H. PIT WITHHELD

90 11

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 480 00

G. PIT WAGES

12 480 00

H. PIT WITHHELD

591 60

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

18 973 92

G. PIT WAGES

18 973 92

H. PIT WITHHELD

1 031 34

I. TOTAL SUBJECT WAGES THIS PAGE

126 470 60

J. TOTAL PIT WAGES THIS PAGE

123 407 96

K. TOTAL PIT WITHHELD THIS PAGE

7 025 26

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and Q.

Page number _____ of _____

12 31 10

01 02 11

01 31 11

YR 10 QTR 4

QUARTER
ENDED

DUE

ZIU/ /2012/4/01784
/005/03/LZIU

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

EMPLOYER ACCOUNT NO.

L 436 8685 6

DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE
Mo. Day Yr. WIC

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

| 1st Mo. | 2nd Mo. | 3rd Mo. |
|---------|---------|---------|
| L | L | L |

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

619 32 1765

E. EMPLOYEE NAME (FIRST NAME)

ALEX

(M.I.) (LAST NAME)

STETTINSKI

F. TOTAL SUBJECT WAGES

26 010 00

G. PIT WAGES

24 435 00

H. PIT WITHHELD

1 793 40

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

R

(M.I.) (LAST NAME)

P

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

E

(M.I.) (LAST NAME)

L

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

I

(M.I.) (LAST NAME)

R

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

N

(M.I.) (LAST NAME)

O

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

O

(M.I.) (LAST NAME)

N

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

T

(M.I.) (LAST NAME)

F

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE

26 010 00

J. TOTAL PIT WAGES THIS PAGE

24 435 00

K. TOTAL PIT WITHHELD THIS PAGE

1 793 40

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll,
complete Items C and Q.

Page number _____ of _____

12 31 10

01 02 11

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY 01 31 11

YR L 10 QTR 4

QUARTER
ENDED
ZIU/ /2012/4/01784
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

**DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017**

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

L L L

B. ☐ Check this box if you are reporting **ONLY** Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

022 54 7336

E. EMPLOYEE NAME (FIRST NAME)

ALMAYVONNE

(M.I.) (LAST NAME)

DIXON

F. TOTAL SUBJECT WAGES

5 394 38

G. PIT WAGES

5 394 38

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

284 84 1402

E. EMPLOYEE NAME (FIRST NAME)

HOLLIE

(M.I.) (LAST NAME)

A PALMER

F. TOTAL SUBJECT WAGES

10 985 61

G. PIT WAGES

10 985 61

H. PIT WITHHELD

429 08

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 174 20

G. PIT WAGES

7 174 20

H. PIT WITHHELD

39 90

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

805 32

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 249 98

G. PIT WAGES

16 249 98

H. PIT WITHHELD

933 54

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

25 350 60

G. PIT WAGES

23 571 43

H. PIT WITHHELD

2 099 27

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 964 98

G. PIT WAGES

18 964 98

H. PIT WITHHELD

1 245 66

I. TOTAL SUBJECT WAGES THIS PAGE

107 369 75

J. TOTAL PIT WAGES THIS PAGE

103 730 58

K. TOTAL PIT WITHHELD THIS PAGE

5 552 77

L. GRAND TOTAL SUBJECT WAGES

L

M. GRAND TOTAL PIT WAGES

L

N. GRAND TOTAL PIT WITHHELD

L

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

Page number _____ of _____

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll,
complete Items C and D.

QUARTER
ENDED

ZIU/

12 31 10

DUE

/2012/4/01784

/005/03/LZIU

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

01 31 11

YR QTR
10 4

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.
L L L

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

378 72

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

20 875 02

G. PIT WAGES

20 875 02

H. PIT WITHHELD

1 204 14

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

35 809 80

G. PIT WAGES

33 658 62

H. PIT WITHHELD

2 681 64

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

17 080 32

G. PIT WAGES

17 080 32

H. PIT WITHHELD

1 047 71

D. SOCIAL SECURITY NUMBER

613 90 7349

E. EMPLOYEE NAME (FIRST NAME)

JIN

(M.I.) (LAST NAME)

Y CUI

F. TOTAL SUBJECT WAGES

6 060 50

G. PIT WAGES

6 060 50

H. PIT WITHHELD

90 11

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 480 00

G. PIT WAGES

12 480 00

H. PIT WITHHELD

591 60

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

18 973 92

G. PIT WAGES

18 973 92

H. PIT WITHHELD

1 031 34

I. TOTAL SUBJECT WAGES THIS PAGE

126 470 60

J. TOTAL PIT WAGES THIS PAGE

123 407 96

K. TOTAL PIT WITHHELD THIS PAGE

7 025 26

L. GRAND TOTAL SUBJECT WAGES

L

M. GRAND TOTAL PIT WAGES

L

N. GRAND TOTAL PIT WITHHELD

L

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and Q.

Page number _____ of _____

12 31 10

01 02 11

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY 01 31 11

YR 10 QTR 4

QUARTER
ENDED

DUE

ZIUI/ /2012/4/01784
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE
Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

022 54 7336

E. EMPLOYEE NAME (FIRST NAME)

ALMAYVONNE

(M.I.) (LAST NAME)

DIXON

F. TOTAL SUBJECT WAGES

5 394 38

G. PIT WAGES

5 394 38

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

284 84 1402

E. EMPLOYEE NAME (FIRST NAME)

HOLLIE

(M.I.) (LAST NAME)

A PALMER

F. TOTAL SUBJECT WAGES

10 985 61

G. PIT WAGES

10 985 61

H. PIT WITHHELD

429 08

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 174 20

G. PIT WAGES

7 174 20

H. PIT WITHHELD

39 90

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

805 32

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 249 98

G. PIT WAGES

16 249 98

H. PIT WITHHELD

933 54

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

25 350 60

G. PIT WAGES

23 571 43

H. PIT WITHHELD

2 099 27

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 964 98

G. PIT WAGES

18 964 98

H. PIT WITHHELD

1 245 66

I. TOTAL SUBJECT WAGES THIS PAGE

107 369 75

J. TOTAL PIT WAGES THIS PAGE

103 730 58

K. TOTAL PIT WITHHELD THIS PAGE

5 552 77

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

Page number _____ of _____

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll,
complete Items C and Q.

QUARTER
ENDED

ZIU/

/2012/4/01784

/005/03/LZIU

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

01 31 11

YR **10** QTR **4**

EMPLOYER ACCOUNT NO.

436 8685 6

**DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017**

DO NOT ALTER THIS AREA

Pt ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

378 72

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

20 875 02

G. PIT WAGES

20 875 02

H. PIT WITHHELD

1 204 14

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

35 809 80

G. PIT WAGES

33 658 62

H. PIT WITHHELD

2 681 64

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

17 080 32

G. PIT WAGES

17 080 32

H. PIT WITHHELD

1 047 71

D. SOCIAL SECURITY NUMBER

613 90 7349

E. EMPLOYEE NAME (FIRST NAME)

JIN

(M.I.) (LAST NAME)

Y CUI

F. TOTAL SUBJECT WAGES

6 060 50

G. PIT WAGES

6 060 50

H. PIT WITHHELD

90 11

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 480 00

G. PIT WAGES

12 480 00

H. PIT WITHHELD

591 60

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

18 973 92

G. PIT WAGES

18 973 92

H. PIT WITHHELD

1 031 34

I. TOTAL SUBJECT WAGES THIS PAGE

126 470 60

J. TOTAL PIT WAGES THIS PAGE

123 407 96

K. TOTAL PIT WITHHELD THIS PAGE

7 025 26

L. GRAND TOTAL SUBJECT WAGES

L

M. GRAND TOTAL PIT WAGES

L

N. GRAND TOTAL PIT WITHHELD

L

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and Q.

Page number _____ of _____

12 31 10

01 02 11

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

YR **10** QTR **4**

QUARTER
ENDED

DUE

ZIU/ /2012/4/01784
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

Pt ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

DOWNTOWN CENTER BUSINESS
IMPROVEMENT DISTRICT
626 WILSHIRE BLVD #200
LOS ANGELES CA 90017

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

022 54 7336

E. EMPLOYEE NAME (FIRST NAME)

ALMAYVONNE

(M.I.) (LAST NAME)

DIXON

F. TOTAL SUBJECT WAGES

5 394 38

G. PIT WAGES

5 394 38

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

284 84 1402

E. EMPLOYEE NAME (FIRST NAME)

HOLLIE

(M.I.) (LAST NAME)

A PALMER

F. TOTAL SUBJECT WAGES

10 985 61

G. PIT WAGES

10 985 61

H. PIT WITHHELD

429 08

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 174 20

G. PIT WAGES

7 174 20

H. PIT WITHHELD

39 90

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

805 32

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

16 249 98

G. PIT WAGES

16 249 98

H. PIT WITHHELD

933 54

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

25 350 60

G. PIT WAGES

23 571 43

H. PIT WITHHELD

2 099 27

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

18 964 98

G. PIT WAGES

18 964 98

H. PIT WITHHELD

1 245 66

I. TOTAL SUBJECT WAGES THIS PAGE

107 369 75

J. TOTAL PIT WAGES THIS PAGE

103 730 58

K. TOTAL PIT WITHHELD THIS PAGE

5 552 77

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and Q.

Page number _____ of _____

QUARTER
ENDED

ZIU/ /2012/4/01784
/005/03/LZIU

DUE

DELINQUENT IF
NOT POSTMARKED
OR RECEIVED BY

01 31 11

YR QTR
L 10 4

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during
or received pay subject to UI for the payroll period which
includes the 12th of the month.

1st Mo.

2nd Mo.

3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

562 74 0840

E. EMPLOYEE NAME (FIRST NAME)

RONALD

(M.I.) (LAST NAME)

P COLCOL

F. TOTAL SUBJECT WAGES

15 191 04

G. PIT WAGES

14 279 58

H. PIT WITHHELD

378 72

D. SOCIAL SECURITY NUMBER

570 75 9617

E. EMPLOYEE NAME (FIRST NAME)

JUSTIN

(M.I.) (LAST NAME)

T WEISS

F. TOTAL SUBJECT WAGES

20 875 02

G. PIT WAGES

20 875 02

H. PIT WITHHELD

1 204 14

D. SOCIAL SECURITY NUMBER

571 35 3676

E. EMPLOYEE NAME (FIRST NAME)

HAROLD

(M.I.) (LAST NAME)

BASTIAN

F. TOTAL SUBJECT WAGES

35 809 80

G. PIT WAGES

33 658 62

H. PIT WITHHELD

2 681 64

D. SOCIAL SECURITY NUMBER

611 07 4963

E. EMPLOYEE NAME (FIRST NAME)

CONNIE

(M.I.) (LAST NAME)

HWANG

F. TOTAL SUBJECT WAGES

17 080 32

G. PIT WAGES

17 080 32

H. PIT WITHHELD

1 047 71

D. SOCIAL SECURITY NUMBER

613 90 7349

E. EMPLOYEE NAME (FIRST NAME)

JIN

(M.I.) (LAST NAME)

Y CUI

F. TOTAL SUBJECT WAGES

6 060 50

G. PIT WAGES

6 060 50

H. PIT WITHHELD

90 11

D. SOCIAL SECURITY NUMBER

613 92 7601

E. EMPLOYEE NAME (FIRST NAME)

JUAN

(M.I.) (LAST NAME)

J SANZ

F. TOTAL SUBJECT WAGES

12 480 00

G. PIT WAGES

12 480 00

H. PIT WITHHELD

591 60

D. SOCIAL SECURITY NUMBER

616 22 1465

E. EMPLOYEE NAME (FIRST NAME)

KENNETH

(M.I.) (LAST NAME)

NAKANO

F. TOTAL SUBJECT WAGES

18 973 92

G. PIT WAGES

18 973 92

H. PIT WITHHELD

1 031 34

I. TOTAL SUBJECT WAGES THIS PAGE

126 470 60

J. TOTAL PIT WAGES THIS PAGE

123 407 96

K. TOTAL PIT WITHHELD THIS PAGE

7 025 26

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ()

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071



